

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Application Number</b>	10/766,697
	<b>Filing Date</b>	January 27, 2004
	<b>First Named Inventor</b>	Robert Frederick
	<b>Art Unit</b>	3625
	<b>Examiner Name</b>	Amee A. Shah
	<b>Attorney Docket Number</b>	120137.481

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 00500

OR

<input type="checkbox"/> <b>Firm or Individual Name</b>					
<b>Address</b>					
<b>Address</b>					
<b>City</b>		<b>State</b>		<b>ZIP</b>	
<b>Country</b>					
<b>Telephone</b>			<b>Email</b>		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96.)
- ☒ Attorney or Agent of record. Registration Number 43,985
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

**Signature** /James A. D. White/

**Typed or  
Printed Name** James A. D. White

**Date** October 12, 2006

**Telephone** (206) 622-4900

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.\*

☒ \*Total of 1 forms are submitted.